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## BIB DATA SHEET

CONFIRMATION NO. 6805

<b>SERIAL NUMBER</b> 10/039,303	<b>FILING or 371(c) DATE</b> 01/02/2002 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> Butler *6		
<b>APPLICANTS</b> Charles F. Butler, Kalamazoo, MI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/260,025 01/05/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/01/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/GLENN E RICHMAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> James D. Hall Botkin & Hall, LLP Suite 400 105 East Jefferson Blvd. South Bend, IN 46601 UNITED STATES						
<b>TITLE</b> Simulated wave massage						
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			